Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

Complete If Known				
Application Number	09/806,393	•		
Filing Date	June 4, 2001			
First Named Inventor	Louis Chevallier	•		
Examiner Name	Dominic D. Saltarelli	•		
Art Unit .	2623			
	DE000067			

TOTAL AMOUNT O	F PAYMENT	(\$) 950.	00	Attorney Docket No.	PF98006	7	<u> </u>
		CUSTO	MED NILIME	PED. 24409			
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498 Check Credit card Money Order None Other (please identify):							
☐ Check ☐ Cre	edit card L] Money Or	uer	☐ None	☐ Other to	lease identity):	
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fe	· ·				e(s) indicated	d below, exce p	t for the filing fee
			erpayments o	of 🛛 Credit any	overpaymer	nts ·	
fee(s) under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	(All the fees	pelow are due	upon filing or	may be subject to	a surcharge.)	
1. BASIC FILING, SE	ARCH, AND I	XAMINATION	I FEES			•	-
	FILING FE		SEARCH FEES		EXAMINATION FEES Small Entity		
.		Small Entity	F (A)	Small Entity	500 (ft)		
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fees Paid (\$)
Utility	300	150	500	250	200	100	•
Design '	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	·
Provisional	200	100	0	o .	0	, 0	
2. EXCESS CLAIM F	FFS		•		•	Small E	- - ntitv
Fee Description	LLO			·	F	ee (\$)	Fee (\$)
Each claim over 20 (inclu	ıdina Reissues)		. *	·,	-	50	25
Each independent claim	•	Reissues)			:	200	100
Multiple dependent claim	ıs					360 _.	180
Total Claims	<u>Ext</u>	ra Claims	Fee (\$)	Fee Paid (\$)	<u>M</u>	<u>luitiple Depende</u>	
	r HP =	x	\$50	=	E	<u>ee (\$)</u>	Fee Paid (\$)
HP = highest number of t	total claims paid	for, if greater tha	in 20.				
Independent Claims	Ext	ra Claims	Fee (\$)	Fee Paid (\$)			
	r HP = 0	×	\$200	= 0			
HP = highest number of i	independent clai	ms paid for, if gr	eater than 3.				
3. APPLICATION SIZ	E FEE			•		•	
If the specification and	d drawings exc	eed 100 shee	s of paper (exc	luding electronically	filed sequence	e or computer	
listings under 37 CFR					tity) for each a	dditional 50	
sheets or fraction ther	eof. See 35 U	.S.C. 41(a)(1)(G) and 37 CFH	1.16(s).			
Total Sheets	Extra She	ets <u>Nu</u>	mber of each	additional 50 or frac	ction thereof	Fee (\$)	Fee Pald (\$)
100 -		/ 50 –	(rou	nd un to a whole nu	mber) v		<u>.</u> · .
- 100 =		_ / 50 =	(100	nd up to a whole hur	iibei) X		
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):FEE FOR TWO MONTH EXTENSION - \$450.00 FEE FOR NOTICE OF APPEAL - \$500.00 \$950.00							
	г	-L 1 On 1401	IOL OF APPI	-	,,,		
		•					

1	SUBMITTED BY					
ĺ	Name (Print/Type)	REITSENG LIN	Registration No. (Attorney/Agent)	42,804	Telephone	(609) 734-6813
l	Signature	Rotter Va				September 10, 2007